

215037141
60078

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 005	Agency Case No. B5-084551	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1				
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/12/2015		(In Military Time) TIME OF ACCIDENT 1520	STATE USE ONLY					
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1523	09/12/2015					
B 70	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Havelock Ave		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE					
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE					
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION						
NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING					
			116.10	X	N 62nd St					
V1/M 14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN									
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN					
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO					
VEHICLE NO. 1										
F 1	DRIVER LICENSE NO.	G15003812		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/N 2	DRIVER	KAY L UPHOFF		PHONE	402-560-6551					
V2/N 2	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/10/1946					
G 2	OWNER	KAY L UPHOFF		PHONE	402-560-6551					
V1/O 2	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB485150					
H 4	LICENSE PLATE	PA NO.	RR189	YEAR (Plate Expires)	2016	STATE (Of Plate) NE				
V1/O 2	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR				
V2/O 2	VEHICLE ID NO. (VIN)	1GNEK13RXVJ326154	Chevrolet	Tahoe	Medium/large	green				
TOWED TO			TOWED BY	INSURANCE COMPANY	ESTIMATED DAMAGE					
				Statefarm Insurance	<input type="radio"/> TOALED \$ 250					
POLICY NO.			2227848A0927E							
VEHICLE NO. 2										
I 1	DRIVER LICENSE NO.	G02141728		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE				
V1/P 1	DRIVER	BRETT L JADWIN		PHONE	402-789-5005					
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/09/1960					
J 01	OWNER	BRETT L JADWIN		PHONE	402-789-5005					
V1/Q 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.					
V2/Q 4	LICENSE PLATE	TE NO.	203083	YEAR (Plate Expires)	2016	STATE (Of Plate) NE				
V1/O 4	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR				
V2/O 01	VEHICLE ID NO. (VIN)	1GCEC19X67Z600515	Chevrolet	Silverado 1500	Pickup truck	silver / chrome				
TOWED TO			TOWED BY	INSURANCE COMPANY	ESTIMATED DAMAGE					
				Farmers Insurance	<input type="radio"/> TOALED \$ 1000					
POLICY NO.			194705835							
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)										
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.					

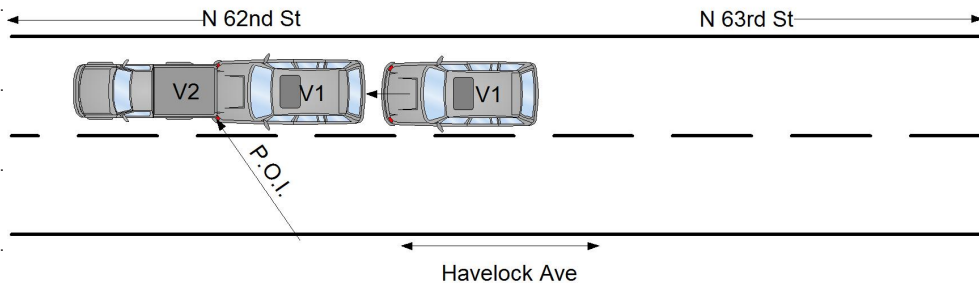
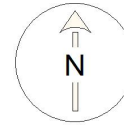
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084551



Indicate
North
by Arrow



POI: 116'10" E of E curb line of N 62nd St
22' S of N curb line of Havelock Ave

Havelock Ave St Width: 52'

Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

V1 was stopped in traffic, facing WB, on Havelock Ave, between N 62nd St and N 63rd St, behind V2. V2 was stopped in traffic, facing WB, on Havelock Ave, between N 62nd St and N 63rd St, in front of V1. V1 and V2 were waiting in traffic for the red traffic signal at N 62nd St/Havelock Ave to turn green. D1 said the traffic signal at N 62nd St turned green and she continued WB on Havelock. D1 said she did not observe the traffic in front of her had not moved yet. D1 said the front of V1 then collided into the rear of V2. D2 said he was stopped in traffic when the rear of his motor vehicle was hit by the front of V1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	Havelock Ave										
2				X	Havelock Ave										
1	01				06 Turning left	POINT OF IMPACT	01	POINT OF IMPACT	05						
2	01				08 Entering traffic lane	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05						
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right 06 Turning left 07 Making U-turn 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown						00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		02 03 04 01 05 08 07 06		1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown		1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown		ALCOHOL TESTING Driver No. 1: Y N Driver No. 2: Y N Pedestrian: Y N ALCOHOL LEVEL TESTED N X N X N BAC LEVEL ALCOHOL/ DRUGS SUSPECTED Driver No. 1: 1 Driver No. 2: 1 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown	
OFFICER NO. 1733						TROOP/ TEAM/ BEAT 11		DEPARTMENT Lincoln Police Department				Photographs <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) Andrew Barksdale						INVESTIGATOR SIGNATURE Approved by Ofc Andrew Barksdale						DATE OF REPORT 09/12/2015			